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U.S. PTO

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0036

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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10/706488
111203

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.	788-18 Reissue
Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	Kenneth J. McLeod
	Original Patent Number	6,561,991
	Original Patent Issue Date (Month/Day/Year)	May 13, 2003
	Express Mail Label No.	EV 333228828 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

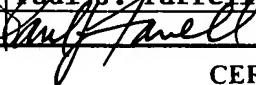
- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format
(amended, if appropriate)
- Drawing(s) *(proposed amendments, if appropriate)*
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. 3.73(b) Statement
(PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - Computer Readable Form (CFR)
 - Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
- Original Patent Grant
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) *(if applicable)*
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration *(if applicable)*
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*

17. Other: _____

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/>	Customer Number:			OR	<input checked="" type="checkbox"/> Correspondence address below
Name	Dilworth & Barrese, LLP				
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Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature			
Date	November 12, 2003		

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV 333228828 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 12, 2003


Yuri Kateshov

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APPLICATION FOR REISSUE OF:
(Check applicable box) Utility Patent Design Patent Plant Patent

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15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number: _____	OR	<input checked="" type="checkbox"/>	Correspondence address below
Name	Dilworth & Barrese, LLP			
Address	333 Earle Ovington Boulevard			
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Country	US	Telephone	516-228-8484	Fax

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature			
	Date	November 12, 2003	

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
788-18 Reissue

Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B) 16	**** =	x \$ _____ =		or	x \$ _____ =
(C)	Independent claims (37 CFR 1.16(i))	(D) 3	* =	x \$ _____ =			x \$ _____ =
			Basic Fee (37 CFR 1.16(h))	\$ _____			\$ _____
			Total Filing Fee	\$ _____		OR	\$ _____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment	:	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
					Total Additional Fee	\$ _____		OR

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 04-1121.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 375.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

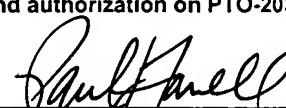
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 12, 2003

Date

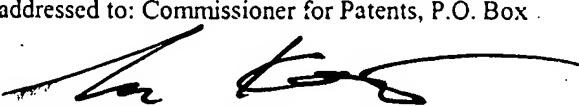
33,494

Registration Number, if applicable


 Signature of Applicant, Attorney or Agent of Record
Paul J. Farrell
 Typed or printed name

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